| Company Full Certificated Name(Do not abbreviate and include any Commission approved AKA/DBA/Fictitious Name, if applicable.) |
|---|
| Powent Company Name (if applicables Do not abbreviate) |
| Parent Company Name (if applicable; Do not abbreviate.) |
| SHARED TENANT SERVICES CARRIER |
| ANNUAL REPORT |
| TO THE |
| MISSOURI PUBLIC SERVICE COMMISSION |
| For the Calendar Year of |
| of January 1 - December 31, |
| Please choose one of the following filing options: |
| Public submission |
| Non-Public submission (Highly Confidential / Filed Under Seal) For this filing to be considered Highly Confidential, additional submission of materials is required pursuant to Commission rule 4 CSR 240-3.540, Section 392.210, RSMo., and/or Section 393.140, RSMo. |

Missouri Public Service Commission 2007 Annual Report Excel Form & EFIS Instructions

Questions about the annual report form or its contents may be submitted to: Joan Wandel at (573) 751-4785 or by e-mail at joan.wandel@psc.mo.gov. The completed document should be submitted under EFIS (accessible from the Commission's web page (http://www.psc.mo.gov)) or mailed to: Data Center, Missouri Public Service Commission, 200 Madison Street, Suite 100, Jefferson City, MO 65101 (or P.O. Box 360, Zip 65102-0360).

This report is due on or before April 15th and is required to be filed on a calendar year basis pursuant to the Commission rules at 4 CSR 240-3.540. Failure to timely file this report could result in penalties up to \$100 for every day the report is late pursuant to Section 392.210, RSMo., and/or Section 393.140, RSMo.

- The files are "read only". You must save or copy the files to your hard drive or a diskette in order to input information into the annual report form.
- When you enter the company name and annual report year on the "cover", the same information will be automatically populated on all the pages of the annual report. The company name listed on the cover page should include any commission approved AKA/DBA/Fictitious Name, if applicable. In addition, the company's name should be clearly identified throughout each page of the report, in the spaces provided and should be identical to the name shown on the cover page.
- If additional space is needed for entering information on a specific page, please insert a page and copy the existing page template.
- If the document has been prepared by a third-party preparer, it is the responsibility of the company personnel attesting to the accuracy of the document to review the document before submission to the Missouri Public Service Commission.
- After the annual report is completed, save the file, print the form and prepare for mailing or electronically submitting through EFIS, as a non-case related submission.

Requests to submit annual report data under seal:

Utilities may request classification of selected portions of their annual report as non-public (highly confidential / filed under seal) pursuant to the Commission rules at 4 CSR 240-3.540. Please note that all information classified as non-public will still remain subject to potential disclosure as provided under the Missouri open records act (Chapter 610 RSMo) and Section 386.480, RSMo.

In order to take advantage of this procedure, the submitter, either through EFIS or in hard copy form, must:

A. Provide both a fully completed version to be kept under seal and a redacted public version that clearly informs the reader that the redacted information has been submitted under seal. The cover of each version must clearly identify whether it is the public or the non-public version. Each page of each version of the report containing non-public information should be clearly identified as containing such information.

- **B.** Submit both versions of the annual report with a cover letter stating that the utility is designating some or all of the information in its annual report as confidential information, including the name, phone number and e-mail address (if available) of the person responsible for addressing questions regarding the confidential portions of the annual report.
- **C.** Prominently attach a detailed affidavit to both versions that identifies the specific types of information to be kept under seal, provides a reason why the specific information should be a closed record, and stating that none of the requested information is available to the public in any format.

Instructions for EFIS Submission of Annual Report

In EFIS select:

- Click on Filing/Submission
- Click on Non-Case Related Submission
- Type of Utility Click on drop down menu and select CLEC, IXC, ILEC or STS (requires separate submissions if company is certificated/registered individually for more than one Sub-Type)
- Company Name Click on drop down menu to select certificated company name
- Type of Submission Click on drop down menu to select Annual Report (MO PSC)
- PSC Calendar Year Type 2007
- Applicable Case No. DO NOT ENTER INFORMATION
- Date Populates automatically
- Comments Type 2007 Annual Report
- Click on Continue
- Click on Browse select the file that contains the completed annual report
- Click Attach
- Click on Done with Attach
- Click on Submit (Public version will allow viewing by all)
- This process will complete the submission and assign a non-case related tracking number (BMAR-2008-xxxx).

RETAIN:

A screen print of the BMAR submission confirmation and the original Verification page as completed by the President, Treasurer, General Manager or Receiver of the company.

| STS Annual Report of | |
|---|---|
| Do not abbreviate; yet include any Comi | mission approved AKA/DBA/Fictitious Name, if applicable |
| for the ca | lendar year of January 1 - December 31, |
| 1. State in full the exact 'certificated' name of the Shared To (Do not abbreviate; yet include any Commission approved AKA/DBA | |
| State in full the parent company name of the Utility Company | below, if applicable: |
| 2. State in full the company's information below: | |
| Company Street Address | Telephone Number |
| Company Mailing Address | Fax Number |
| City State Zip | *E-mail Address |
| 3. Effective date (contained in Commission Order approving Service Commission and associated case number (original if name on tariff effected): | g) of certification by the MO Public |
| Date (e.g. 00/00/0000): | Case No: |
| and time periods involved since the original certification: | |
| Corporation Sole Proprietorship Partnership LLC (Check box with an X) | LP Other - Explain |
| If different than certificated name listed above (e.g. parent corp | oration name) or if 'Other' is identified, explain: |
| 6. Under the laws of which state is the telephone company of | rganized: |
| 7. State in full the name, street address, telephone number, fax numpersonnel or third-party preparer completing this Annual Report | |
| Name | Telephone Number |
| Street Address | Fax Number |
| Mailing Address | *E-mail Address |

(*) Required if available. State n/a (not available) if no e-mail address is available.

State

City,

Zip

| Do not abbreviate; yet include any Commission approved AKA/DBA/Fictitious for the calendar year of January Please provide the following information concerning Total Company and gross intra operating revenues (i.e., Missouri Jurisdictional) for the Revenues: Total Company MO Operating Revenues* from Telecommunication Services MO Jurisdictional should match Statement of Revenue (MoPSC Assessment) | S Annual Report of | | | |
|---|--|----------------------------|-----------------------|------------------------------|
| Please provide the following information concerning Total Company and gross intra operating revenues (i.e., Missouri Jurisdictional) for the Revenues: Operating Revenues* from Telecommunication Services MO Jurisdictional should match Statement of Revenue | Do not abbreviate; yet | include any Commission app | proved AKA/DBA/Fic | titious Name, if applicable. |
| Revenues: Total Company MO Operating Revenues* from Telecommunication Services MO Jurisdictional should match Statement of Revenue | | for the | e calendar year of Ja | nuary 1 - December 31, |
| Operating Revenues* from Telecommunication Services MO Jurisdictional should match Statement of Revenue | | • | | |
| MO Jurisdictional should match Statement of Revenue | Revenues: | | Total Company | MO Jurisdictional |
| | Operating Revenues* from Telecomr | nunication Services | | |
| | | tement of Revenue | | |
| Please provide a listing of all mergers, consolidations, and reorganizations, complete | • Please provide a listing of all merger | s, consolidations, and re | eorganizations, con | npleted during the last y |
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- * Missouri Revised Statutes §386.020(53)
- (53) "Telecommunications service", the transmission of information by wire, radio, optical cable, electronic impulses, or other similar means. As used in this definition, "information" means knowledge or intelligence represented by any form of writing, signs, signals, pictures, sounds, or any other symbols. Telecommunications service does not include:
 - (a) The rent, sale, lease, or exchange for other value received of customer premises equipment except for customer premises equipment owned by a telephone company certificated or otherwise authorized to provide telephone service prior to September 28, 1987, and provided under tariff or in inventory on January 1, 1983, which must be detariffed no later than December 31, 1987, and thereafter the provision of which shall not be a telecommunications service, and except for customer premises equipment owned or provided by a telecommunications company and used for answering 911 or emergency calls;
 - (b) Answering services and paging services;
 - (c) The offering of radio communication services and facilities when such services and facilities are provided under a license granted by the Federal Communications Commission under the commercial mobile radio services rules and regulations;
 - (d) Services provided by a hospital, hotel, motel, or other similar business whose principal service is the provision of temporary lodging through the owning or operating of message switching or billing equipment solely for the purpose of providing at a charge telecommunications services to its temporary patients or guests;
 - (e) Services provided by a private telecommunications system;
 - (f) Cable television service;
 - (g) The installation and maintenance of inside wire within a customer's premises;
 - (h) Electronic publishing services; or
 - (i) Services provided pursuant to a broadcast radio or television license issued by the Federal Communications Commission;

| STS Annual Report of | |
|---|---|
| Do not abbreviate; yet include any | Commission approved AKA/DBA/Fictitious Name, if applicable. |
| | for the calendar year of January 1 - December 31, |
| 10. Please provide the following information fo | r each shared tenant service location: |
| Name of Location: | |
| Location Description: | |
| Full Address: | |
| | |
| | |
| Local Phone Company: | |
| Operator Services Provider: | |
| Number of Stations: | |
| Is STS Offered in Multiple Buildings? (| Yes/No): |
| Name of Location: | |
| Location Description: | |
| Full Address: | |
| - | |
| - | |
| Local Phone Company: | |
| Operator Services Provider: | |
| Number of Stations: | |
| Is STS Offered in Multiple Buildings? (| Yes/No): |
| | |
| Name of Location: | |
| Location Description: | |
| Full Address: | |
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| I IN C | |
| Local Phone Company: | |
| Operator Services Provider: | |
| Number of Stations: Is STS Offered in Multiple Buildings? (| Ves/No)· |
| 13 5 15 Offered in Manuple Dundings: (| 105/110/. |

A registered official company representative is authorized to submit this Annual Report in the Missouri Public Service Commission's Electronic Filing and Information System (EFIS) once the form has been completed in its entirety and notarized. All seals must be present, if applicable. After submitting the Annual Report through EFIS, you will receive a BMAR (confirmation) number. Indicate that BMAR number on the original and retain for your records (pursuant to Sections 432.200 through 432.295 RSMo).

| STS Annual Report of _ | |
|------------------------|---|
| _ | |
| | for the calendar year of January 1 - December 31, |

| | port must be verified by the oath o d may be taken before any person a s taken. | | | | |
|---|---|---------------------------------|--|--|-----------------------|
| | | OA | ATH | | |
| State Of | | | | } | |
| | | | | } ss: | |
| County Of | | | | } | |
| | | | | J | |
| <u>—</u> | | | | makes oat | h and says that |
| | Name of Affiant (Comp | any Official/F | Representative) | | |
| s/he is | | | | | |
| | Official Tit | e of the Affian | nt (Company Official/Repr | resentative) | |
| | | | | | |
| of | | | | | |
| that s/he has exa | mined the foregoing report; that to in the said report are true and the | the best of h | | formation, and belie | |
| that s/he has exa | mined the foregoing report; that to in the said report are true and the | the best of h said report is | is or her knowledge, inf | formation, and belie the business and affa | |
| that s/he has exa of fact contained named responder | mined the foregoing report; that to in the said report are true and the nt. | the best of h | is or her knowledge, inf a correct statement of th , to and including | formation, and belie the business and affa | Year |
| that s/he has exa of fact contained named responder from | mined the foregoing report; that to in the said report are true and the nt. | the best of hesaid report is | is or her knowledge, inf a correct statement of th , to and including | formation, and belie the business and affa Month/Day | Year Representative) |
| that s/he has exa of fact contained named responder from Sub | mined the foregoing report; that to in the said report are true and the at. Month/ Day | the best of he said report is | is or her knowledge, inf a correct statement of th , to and including Signature of Affiant | formation, and belie the business and affa Month/Day | Year Representative) |
| of fact contained named responder from | mined the foregoing report; that to in the said report are true and the nt. Month/ Day scribed and sworn to before me, a | the best of he said report is | is or her knowledge, inf a correct statement of th , to and including | formation, and belie the business and affa Month/Day | Year Representative) |
| that s/he has exa of fact contained named responder from Sub | mined the foregoing report; that to in the said report are true and the at. Month/ Day scribed and sworn to before me, a ate and County above named, this | the best of he said report is | is or her knowledge, inf a correct statement of th , to and including | formation, and belie the business and affa Month/Day | Year |

If not utilizing EFIS, the original must be completed in its entirety, notarized (all applicable seals must be present) and mailed to: **Data Center**